

Name  
in  
Full

Edward Arvey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

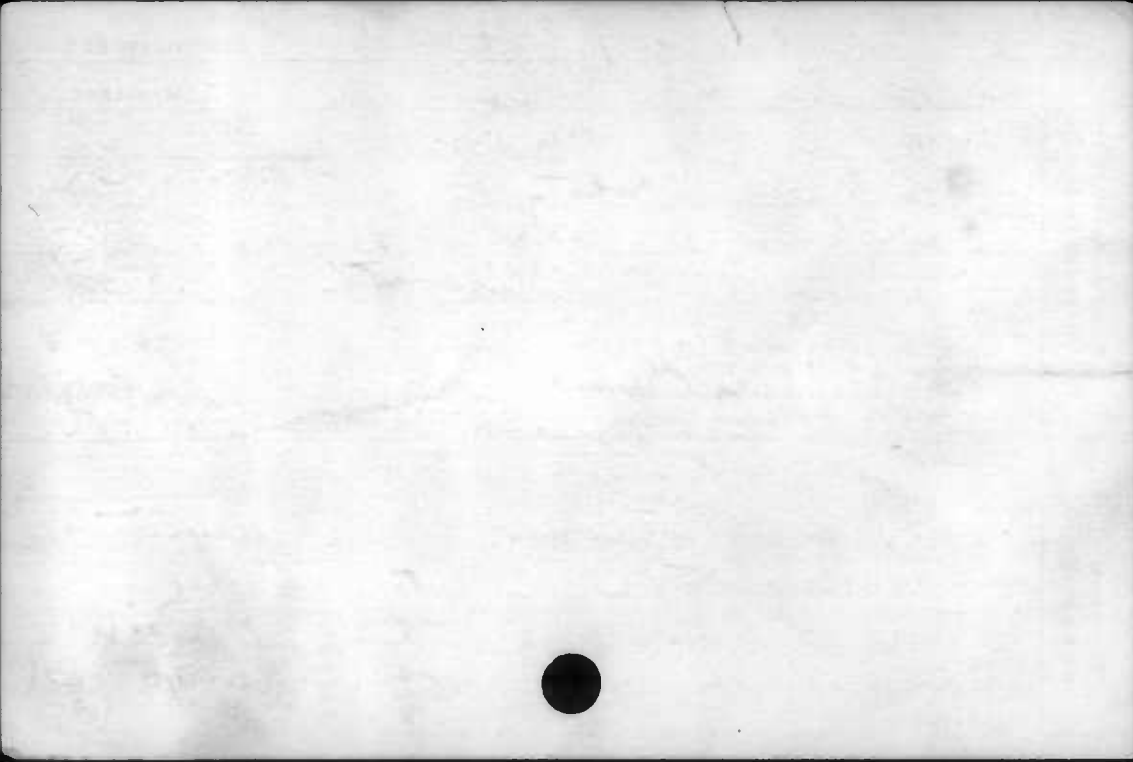
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Jan	2	Age	52	1	2
Sex		Color or Race		Birth-place			
Male		White		Parsonsbury			
Occupation				Where Residing if not at place of death			
Mechanics				Parsonsbury Md			
Married, Single or Widowed		Name of Wife or Husband					
Widowed		Edithbeth White					
Father's Name				Father's Birthplace			
L. Arvey				Hango Md			
Mother's Maiden Name				Mother's Birthplace			
Sallie Grammer				Parsonsbury Md			
Name of person giving Information				How related to deceased			
Dr Geo H. Truitt				Friend			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Consumption	How long	6 months
Immediate	Exhaustion, debility	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Dr Geo H. Truitt	
Mechanics Co		Address	
		Parsonsbury Md	
Accident or Suicide			



Name  
in  
Full

Denard D. Bailey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Salisbury <sup>County</sup> Wicomico **MARYLAND**  
 Date of death 1909 <sup>Month</sup> Jan <sup>Day</sup> 11<sup>th</sup> <sup>Years</sup> Age 58 <sup>Months</sup> 1 <sup>Days</sup> 17  
 Sex Male Color or Race White Birthplace Snow Hill Md.  
 Occupation Carpenter Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed Married Name of Wife or Husband Emma Bailey  
 Father's Name Littleton Bailey Father's Birthplace Worcester Co. Md.  
 Mother's Maiden Name Not known Mother's Birthplace not known  
 Name of person giving Information Mrs. Emma Bailey How related to deceased Wife

## CAUSES OF DEATH

159

PHYSICIAN  
OR CORONER

Primary Suicide Pistol Shot Wound  
 Immediate Suicide

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H A Zaden J.P.

Accident or Suicide



Name  
in  
Full

William E. Birmingham

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Salisbury <sup>Town</sup> Wicomico <sup>County</sup> **MARYLAND**  
 Date of death 1909 <sup>Month</sup> January <sup>Day</sup> 11 <sup>Years</sup> 45 <sup>Month</sup> 8 <sup>Days</sup> 23

Sex Male Color or Race White Birth-place

Occupation Tailor Where Residing if not at place of death Salisbury, Md.

Married, Single or Widowed Married Name of Wife or Husband Louise C. Birmingham

Father's Name W. E. Birmingham Father's Birthplace Annapolis Md.

Mother's Maiden Name Sarah H. Hamilton Mother's Birthplace Baltimore Md.

Name of person giving Information Louise C. Birmingham How related to deceased Wife

X

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

156

Primary Supposed to be  
suicide by inhaling Gas  
or accident  
 Immediate

How long

How long

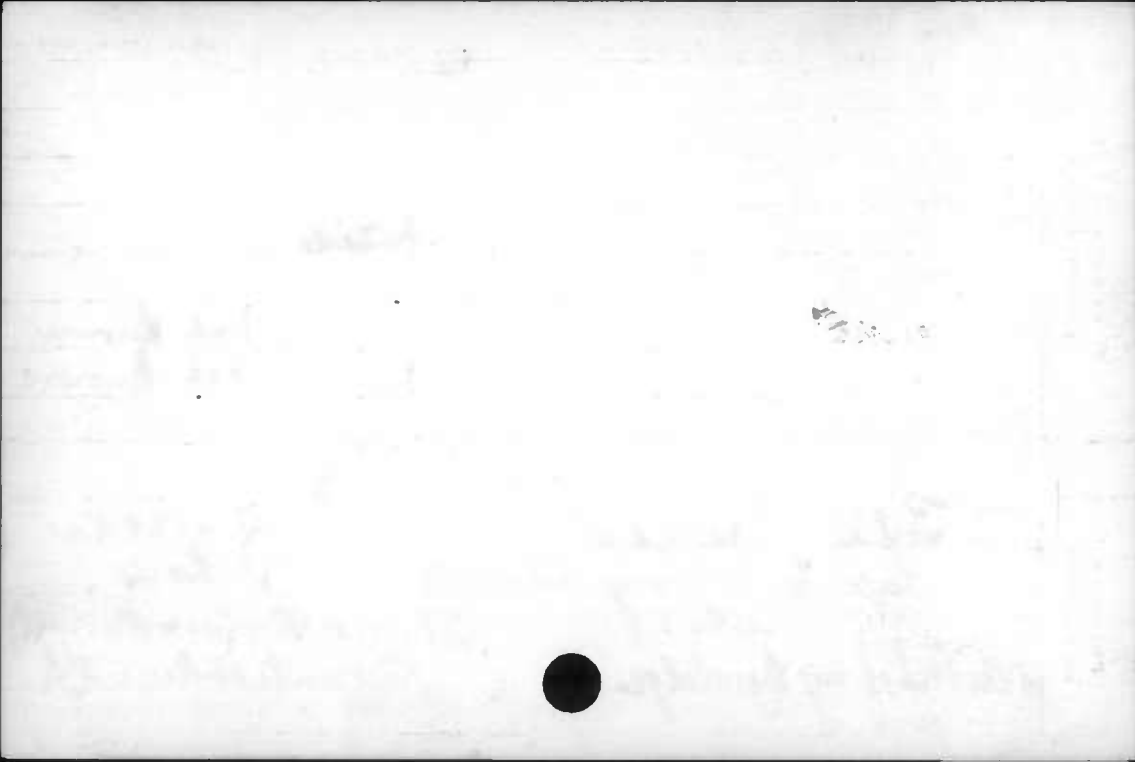
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

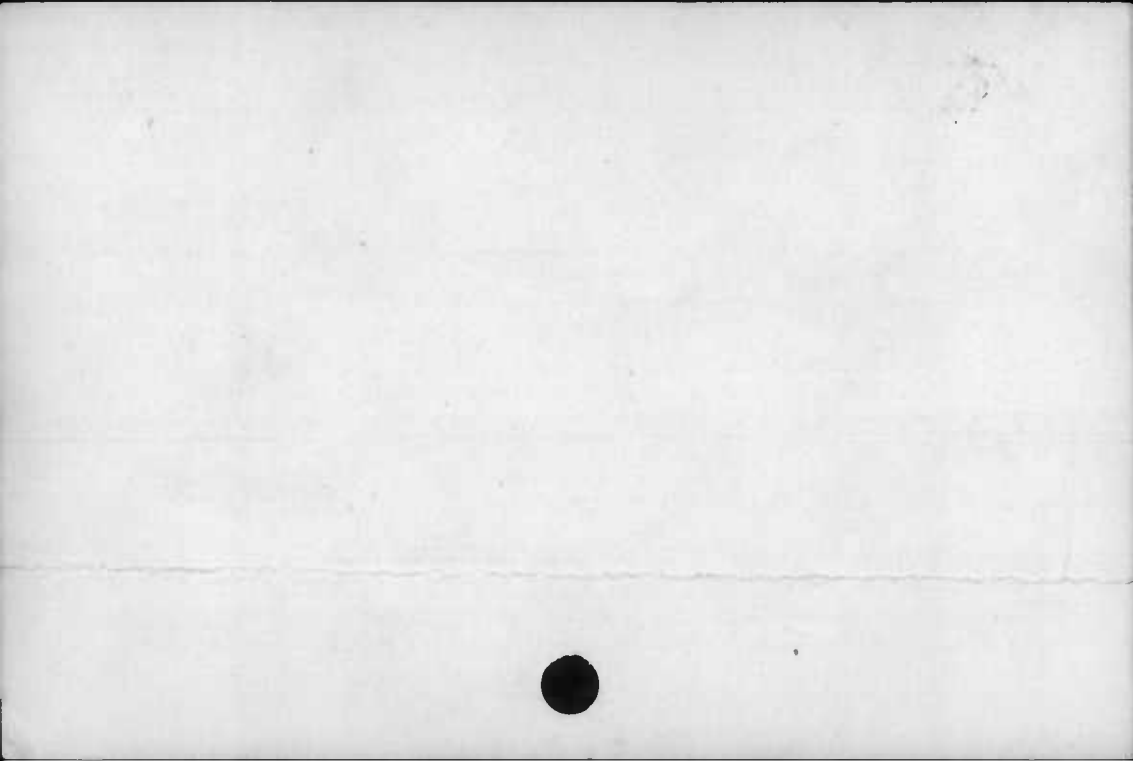
Address

W. A. Trader, Jr.

Accident or Suicide -yes



Name in Full		Wm Brackson				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Nanticoke		County		Wicomico		MARYLAND	
		Date of death		1907		Month		Jan		Day	
				30		Age		80		Years	
		Sex		Male		Color or Race		colored		Birth-place	
		Occupation		Mariner		Where Residing if not at place of death		Nanticoke, Maryland		Virginia	
		Married, Single or Widowed		Widowed		Name of Wife or Husband					
		Father's Name		Peter Brackson		Father's Birthplace		Not known			
Mother's Maiden Name		Orletta Brackson?		Mother's Birthplace		Not known					
Name of person giving information		John Brackson		How related to deceased		Son					
		CAUSES OF DEATH				(123)					
PHYSICIAN OR CORONER		Primary		Partial Paralysis		How long		2 weeks			
		Immediate		Rupture Urinary Bladder		How long		3 days			
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Edward F. Lamkin, M.D.			
		Is the best of my knowledge		Address		Nanticoke, Md.					
		Accident or Suicide?									





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDGeorgiana Brittingham  
Town County

Died at Salisbury

Mecum

MARYLAND

Date

of death

1909 Jan

Day

14

Age

Years

25

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Housework

Where Residing if not  
at place of death

Kingston Md

Married, Single  
or WidowedName of Wife or  
Husband

Sidney Brittingham

Father's  
Name

George D Howard

Father's  
Birthplace

Md

Mother's  
Maiden Name

Indiana Howard

Mother's  
Birthplace

Md

Name of person giving  
Information

George D Howard

How related  
to deceased

Father

## CAUSES OF DEATH

137

Primary

Pneumonia sepsis

How long

1 month

Immediate

Peritonitis (general)

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

I know

Signature of  
Physician

M. C. Davis

Address

Salisbury Md

Accident or Suicide

no

(over)

Patient was brought to St. G. Hospital  
with peritonitis following midwife  
infection.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Agnes L. Brown</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Died at <i>Salisbury P. G. Hospital</i>		Month <i>Jan.</i>		Day <i>26th</i>		Year <i>1909</i>	
Date of death <i>1909 Jan. 26th</i>		Age <i>15</i>		Months <i>7</i>		Days <i>11</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Near St. Luke's Worcester Co. Md.</i>		Ca. No. <i>114</i>	
Occupation <i>School Girl</i>		Where Residing if not at place of death <i>Near St. Luke's Worcester Co. Md.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Elijah W. Brown</i>		Father's Birthplace <i>Worcester Co. Md.</i>					
Mother's Maiden Name <i>Lenora B. Brown</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving Information <i>Elijah W. Brown</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

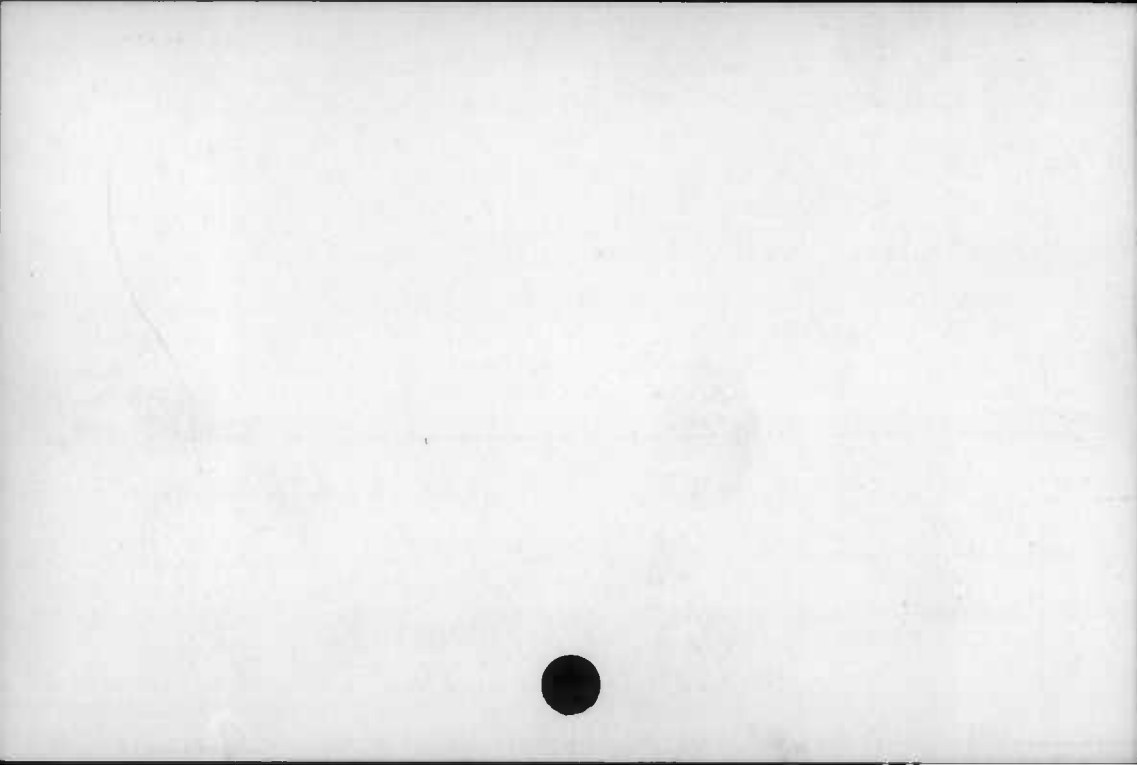
42

PHYSICIAN  
OR CORONER

Primary <i>Ovarian Cystoma (Sarcomatous)</i>		How long <i>1 Year</i>	
Immediate <i>Secondary carcinoma of liver</i>		How long <i>2 months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. C. Edwards</i>	
as I know <i>as I know</i>		Address <i>Salisbury, Md.</i>	
Accident or Suicide <i>No</i>			



Name in Full <i>John R. Cheeyum</i>		Town <i>Mardela Springs</i>		County <i>Wicomico</i>		CERTIFICATE OF DEATH	
Died at <i>Mardela Springs</i>		MARYLAND					
Date of death <i>1909</i>		Month <i>1st</i>		Day <i>1st</i>		Age <i>2</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Caroline Co., Md.</i>		Months <i>9</i>	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John S. Cheeyum</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Mary E. Rols</i>		Mother's Birthplace <i>11</i>					
Name of person giving information <i>J. S. Cheeyum</i>		How related to deceased <i>Father</i>					
2		CAUSES OF DEATH		(9)			
Primary <i>Membranous Laryngitis</i>		How long <i>One week</i>					
Immediate <i>Bronchial Croup</i>		How long <i>2 days</i>					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo Eldredge</i>		Address <i>Mardela Springs Md.</i>			
Accident or Suicide?							



Name  
in  
Full

William T. Darby

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

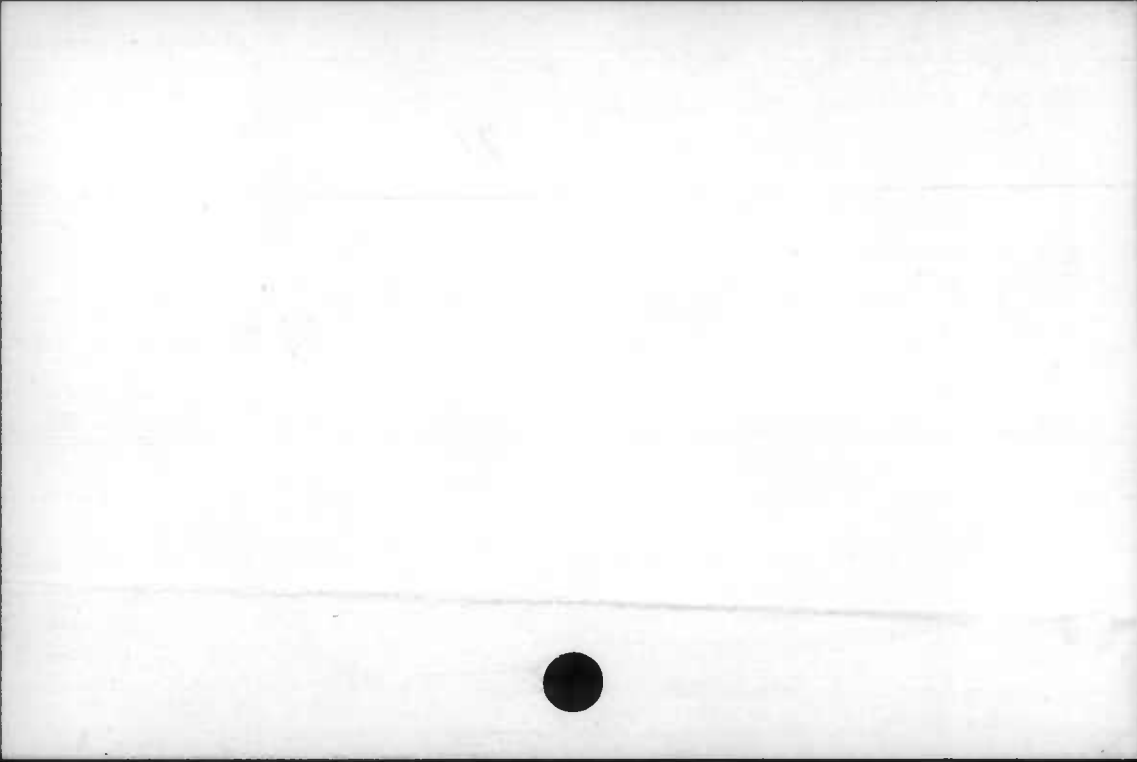
Died at		Town Riverton		County Thermian		MARYLAND	
Date of death 190		Month Jan	Day 6	Age 71	Years 9	Months 16	Days
Sex Male		Color or Race White		Birth-place Riverton			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Annie V. Darby					
Father's Name John Darby				Father's Birthplace Thermian Co			
Mother's Maiden Name Elizabeth Harris				Mother's Birthplace Unknown			
Name of person giving Information Annie V. Darby				How related to deceased Wife.			

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Mycial Regurgitation	How long	4 yrs
Immediate	Cardiac Failure	How long	Instantly
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Wm. H. Cassaday	
		Address Shaplaing	
Accident or Suicide			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Clifford Donaway

Town

County

Died at

Salisbury Md. (P.G. Hospital) Wicomico

MARYLAND

Date

of death 1909 Jan.

Month

Day

Years

Age

3

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Wicomico Co. Md.

Occupation

None

Where Residing if not  
at place of death

Whaleyville Md.

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

James P. Donaway

Father's  
Birthplace

Wicomico Co. Md.

Mother's  
Maiden Name

Della Davis

Mother's  
Birthplace

" " "

Name of person giving  
Information

James P. Donaway

How related  
to deceased

Father

## CAUSES OF DEATH

114

Primary

Cholecystitis Suppurating gall bladder 4 weeks

How long

Immediate

Convulsions (General peritonitis) 6 hrs

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J. M. Harris  
Salisbury Md

Accident or Suicide

No

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND									
Date of death	1909	Month	<i>Jan.</i>	Day	<i>24</i>	Age	<i>0</i>	Years	<i>0</i>	Months	<i>0</i>	Days	<i>6</i>
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	<i>Salisbury Md.</i>						
Occupation	<i>None</i>					Where Residing if not at place of death							
<del>Married</del> Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>None</i>									
Father's Name	<i>James W. Elzey</i>					Father's Birthplace	<i>Quantico Md.</i>						
Mother's Maiden Name	<i>Mary E. Price</i>					Mother's Birthplace	<i>Snow Hill Md.</i>						
Name of person giving Information	<i>Georgeanna Elzey</i>					How related to deceased	<i>Grandmother</i>						

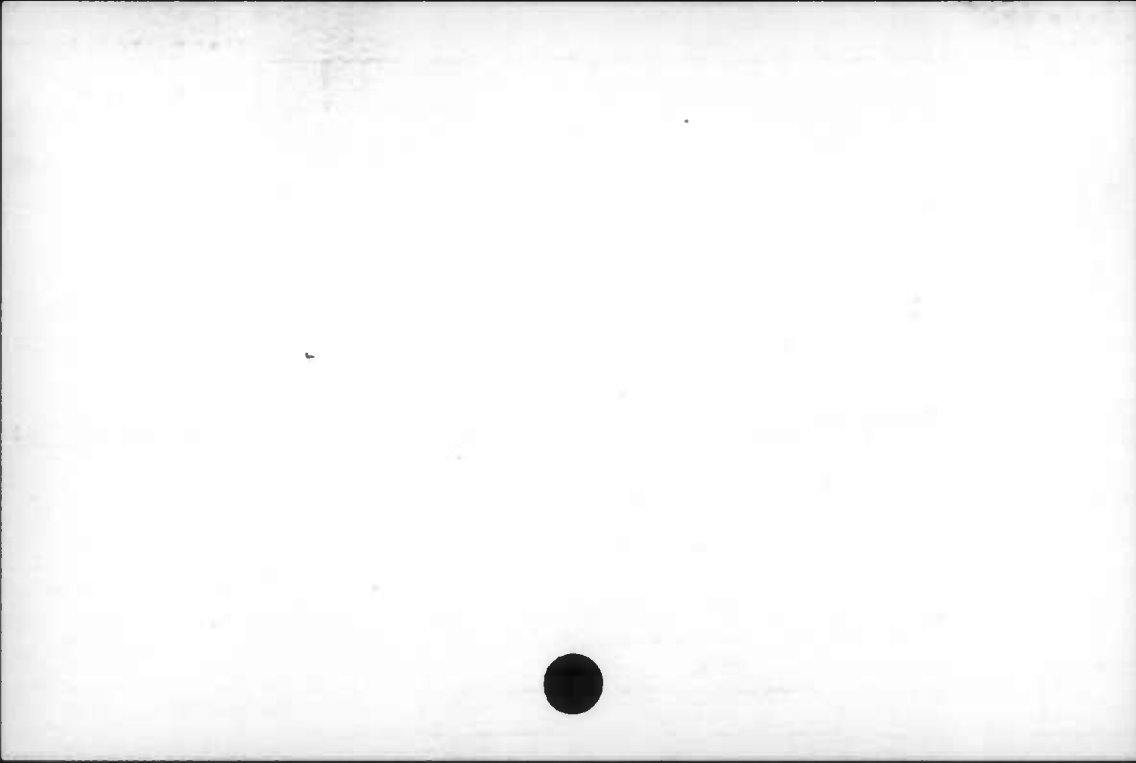
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## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Septicemia</i>	How long	<i>4 days</i>
Immediate	<i>Convulsions</i>	How long	<i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W B Potter</i>
		Address	<i>Salisbury Md</i>
Accident or Suicide			



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mardela Springs</i>		Town <i>Mardela Springs</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1909	Month	1	Day	3	Age	Years 3 Months 0 Days 5
Sex	<i>Male</i>		Color or Race	<i>white</i>		Birth-place	<i>Md.</i>
Occupation	<i>--</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Sherman English</i>					Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Stellie Venables</i>					Mother's Birthplace	<i>11 S</i>
Name of person giving information	<i>A. J. English</i>					How related to deceased	<i>Uncle</i>

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>2 days</i>
Immediate	<i>Cardiac Paralysis</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>John Elderdie</i>
		Address	<i>Mardela Springs</i>
Accident or Suicide?			<i>6 M</i>



Name  
in  
Full

Wm. Gordy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

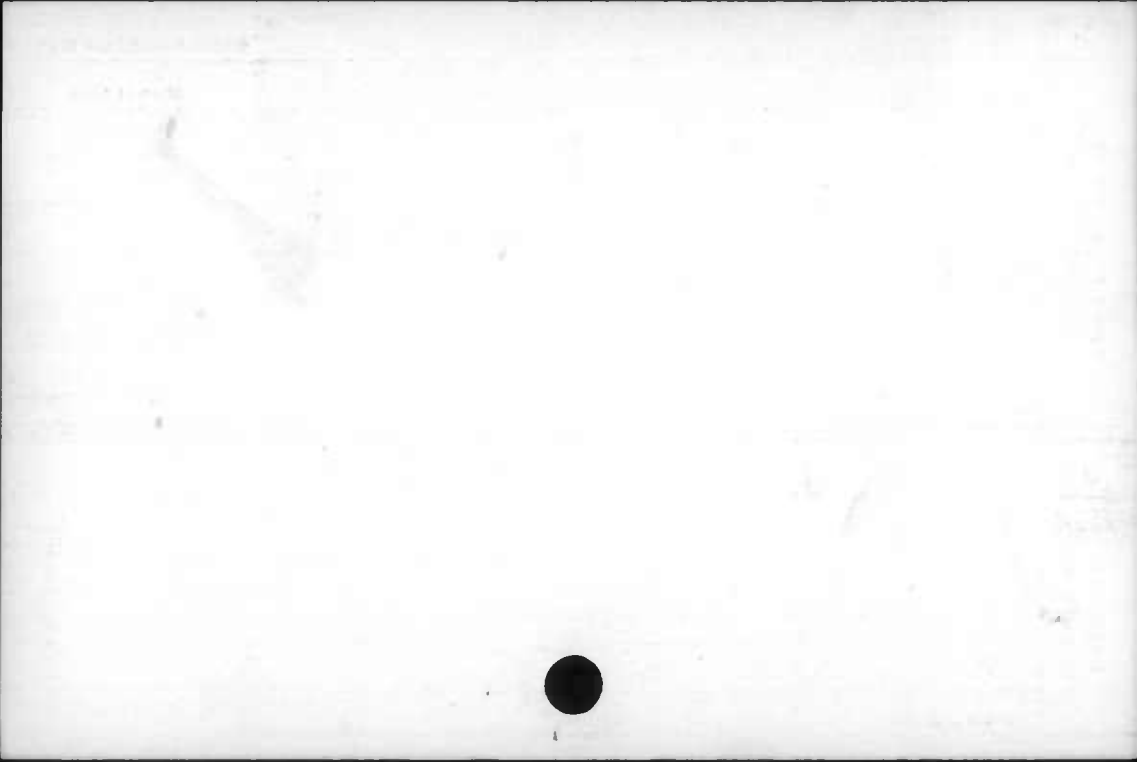
Died at <i>near Delmar</i>		Town <i>Delmar</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1909	Month	Jan.	Day	5	Age	85
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wicomico co. Maryland.</i>		Months <i>14</i>	
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Cornaline Gordy.</i>					
Father's Name <i>Noah Gordy</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Sarah Parker</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>John M. Brown</i>		How related to deceased <i>nephew</i>					

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Infirmitas due to old age</i>	How long	<i>For 4 years</i>
Immediate	<i>Heart Failure</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>James Brayshaw</i>	
		Address <i>Delmar Delaware</i>	
Accident or Suicide			





Name  
in  
Full

E Frank Hallaway

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Salisbury* <sup>Town</sup> *Wicomico* <sup>County</sup> **MARYLAND**  
 Date of death 190 *8* <sup>Month</sup> *Jan* <sup>Day</sup> *10* Age *21* <sup>Years</sup> *5* <sup>Months</sup> *15* <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Md*

Occupation *Undertaker* Where Residing if not at place of death

~~Married, Single or Widowed~~ Name of Wife or Husband

Father's Name *S J R Hallaway*

Father's Birthplace *Md*

Mother's Maiden Name *Emma J Leadwine*

Mother's Birthplace *Md*

Name of person giving Information *S J R Hallaway*

How related to deceased *Father*

## CAUSES OF DEATH

Primary *Tuberculosis Pulmonary*

How long *4 to 12 mos*

Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *E R Broome*

Address *Salisbury Md*

Accident or Suicide

PHYSICIAN  
OR CORONER

N. B. Gerson & Bros.

Shelton

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

**Name** *Charles Hearn*

**Town** *Salisbury* **County** *Wicomico* **MARYLAND**

**Died at** *Salisbury*

**Date of death** *1907* **Month** *Jan* **Day** *18* **Age** *86* **Years** *86* **Months** *86* **Days**

**Sex** *male* **Color or Race** *Black* **Birth-place** *Md*

**Occupation** *Laborer* **Where Residing if not at place of death**

**Married, Single or Widowed** *Married* **Name of Wife or Husband** *Sarah Hearn*

**Father's Name** *Noses Hearn* **Father's Birthplace** *Md*

**Mother's Maiden Name** *Dont know* **Mother's Birthplace** *unknown*

**Name of person giving Information** *Noses Hearn* **How related to deceased** *son*

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

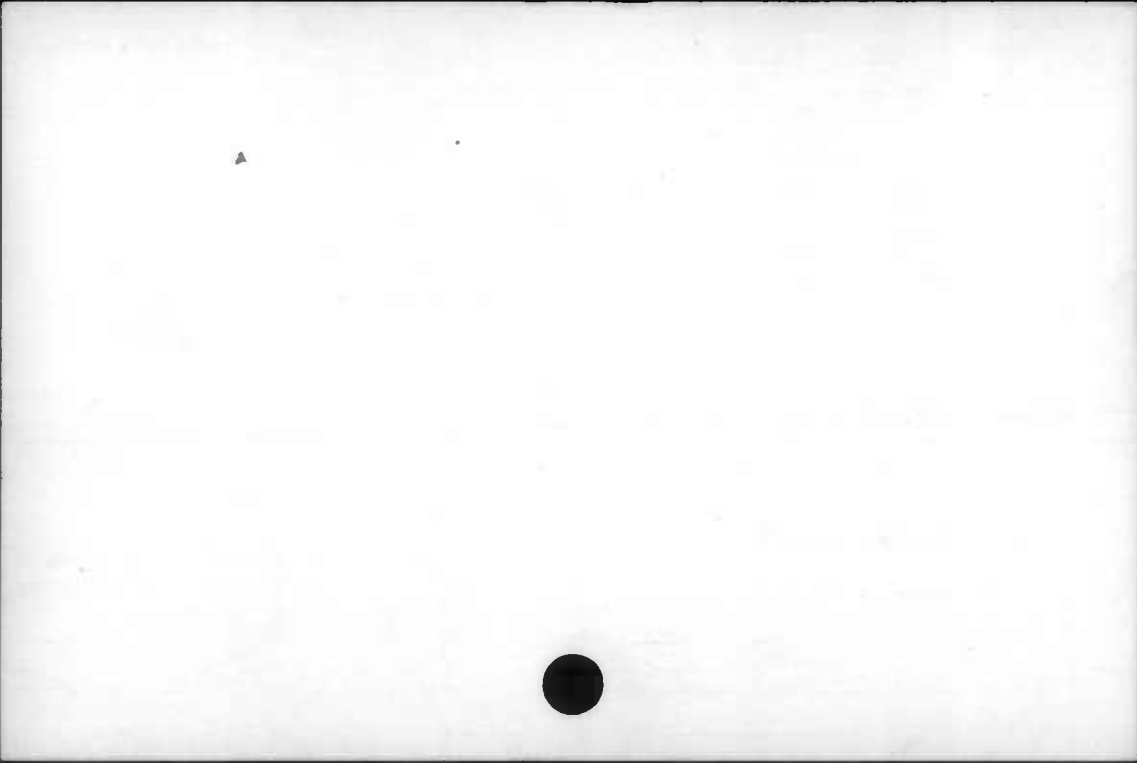
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Addie Messick* County *Wicomico* Maryland

Town *Fruitland*

Died at *Fruitland* Month *Jan* Day *28th* Age *3* Years Months Days

Date of death *1909*

Sex *Female* Color or Race *White* Birth-place *Fruitland Md.*

Occupation *None* Where Residing if not at place of death *Fruitland*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Harvey C. Messick* Father's Birthplace *Wicomico, Md.*

Mother's Maiden Name *Virgie Gray* Mother's Birthplace *" " "*

Name of person giving Information *Guernsey Messick* How related to deceased *Uncle*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

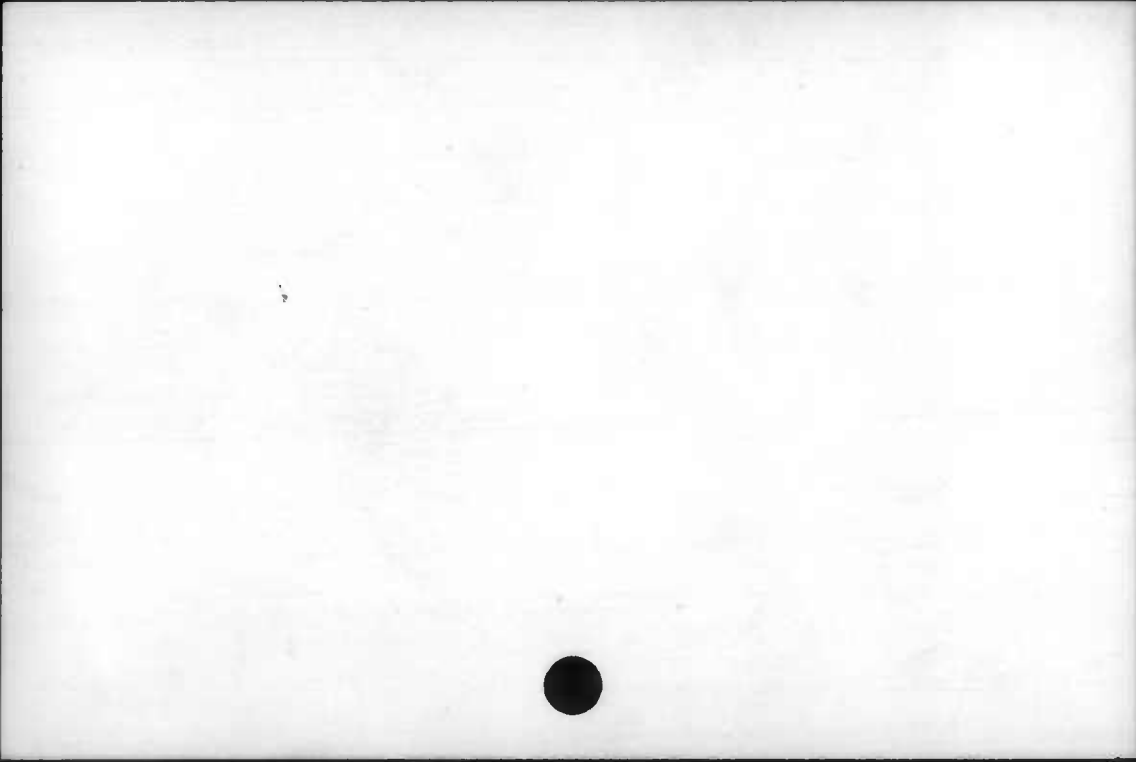
Primary *Diphtheritic Group* How long *2 or 3 days*

Immediate *Dyspnoea & heart failure* How long *24 hours*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *Louis W. Morris* Address *Delaware*

Accident or Suicide



Name  
in  
Full

Elsie Mitchell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Salisbury <sup>Town</sup> Wicomico <sup>County</sup> **MARYLAND**

Date of death 190 8 <sup>Month</sup> Jan <sup>Day</sup> 30 Age 23 <sup>Years</sup> Months Days

Sex Female Color or Race White Birth-place Md

Occupation Housework Where Residing if not at place of death

Married, ~~Single~~ Widowed Name of ~~Wife or~~ Husband Charles H Mitchell

Father's Name William Russ Father's Birthplace Md

Mother's Maiden Name Do not know Mother's Birthplace Unknown

Name of person giving Information Charles H Mitchell How related to deceased Husband

## CAUSES OF DEATH

134

PHYSICIAN  
OR CORONER

Primary Hyperemesis Gravidarum How long 8 days

Immediate Exhaustion How long as above

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician D. B. Potter

Address Salisbury Md.

Accident or Suicide





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mitchell

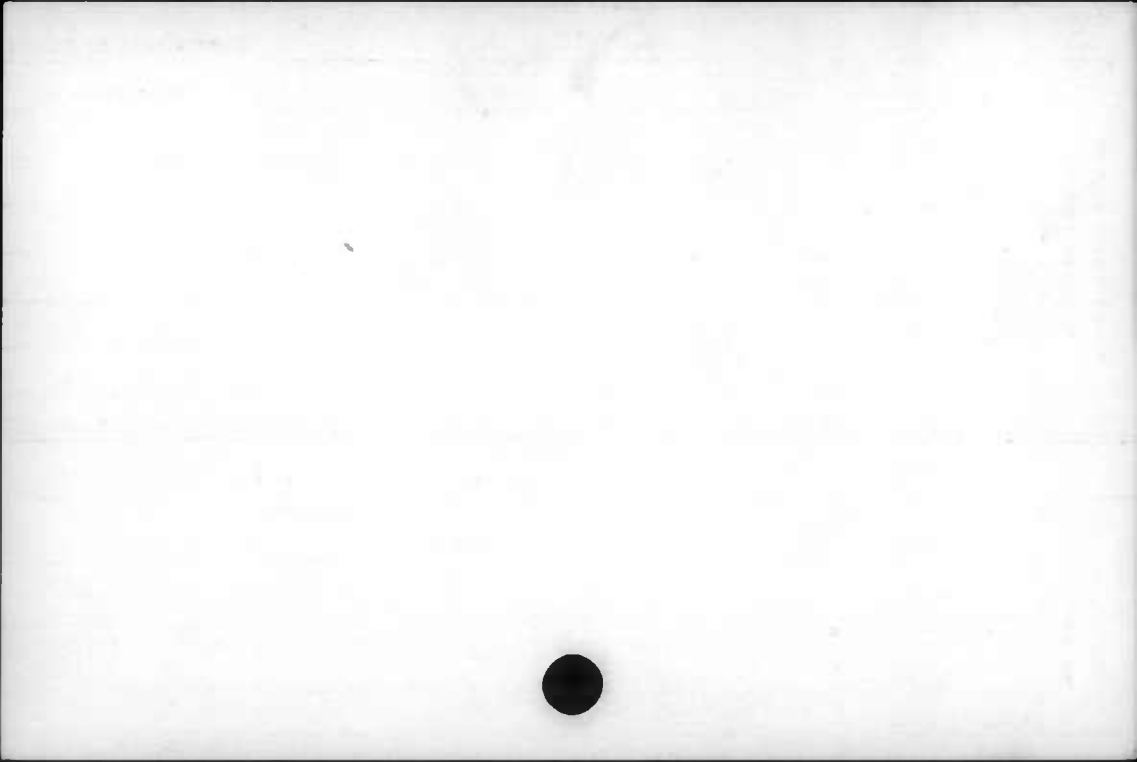
Died at <u>Salisbury</u> <sup>Town</sup>		<u>Wicomico</u> <sup>County</sup>		MARYLAND	
Date of death	190 <u>9</u> <sup>Month</sup>	<u>30</u> <sup>Day</sup>	Age <u>—</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Salisbury</u>
Occupation	<u>—</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>Charles Mitchell</u>			Father's Birthplace	<u>MD</u>
Mother's Maiden Name	<u>Elsie Mitchell</u>			Mother's Birthplace	<u>MD</u>
Name of person giving Information	<u>—</u>			How related to deceased	<u>—</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

151

Primary	<u>Prenatal Birth</u>	How long	<u>—</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>O. B. Potter</u>
		Address	<u>Salisbury Md.</u>
Accident or Suicide	<u>—</u>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Myranda Moore</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>Jan.</i>		Day <i>12<sup>th</sup></i>		Age <i>84</i>	
Date of death <i>1909</i>		Years <i>1</i>		Months <i>1</i>		Days <i>29</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm F. Moore</i>					
Father's Name <i>Geo. D. Hamilton</i>		Father's Birthplace <i>Baltimore Md.</i>					
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>Not known</i>					
Name of person giving Information <i>William F. Moore</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

Primary

*old age*

How long

*154*

Immediate

*old age*

How long

Are the name, age, sex, color, date and place correctly given above?

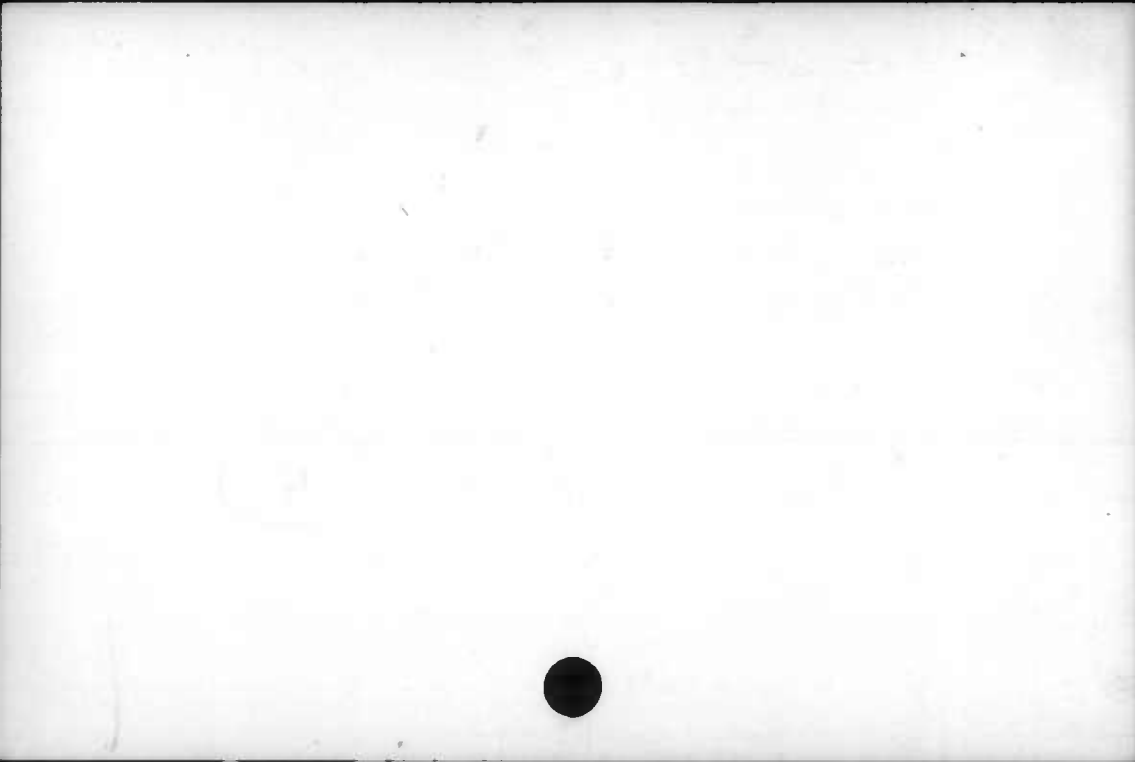
Signature of Physician

Address

*W. C. Trade J. P.*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary E. Nelson* Town *Rehmanwalking* County *Wicomico* Maryland  
 Died at *Rehmanwalking*  
 Date of death 1907 *Jan* *2* Day *3* Months *1* Days  
 Sex *Female* Color or Race *Black* Birth-place *Mo*  
 Occupation *School girl* Where Residing if not at place of death  
 Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Abney Nelson* Father's Birthplace *Mo*  
 Mother's Maiden Name *Mary E. Handley* Mother's Birthplace *Mo*  
 Name of person giving Information *Abney Nelson* How related to deceased *Father*

## CAUSES OF DEATH

93

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

*Pneumonia*

How long

*2 weeks*

Are the name, age, sex, color, date and place correctly given above?

*Yes*

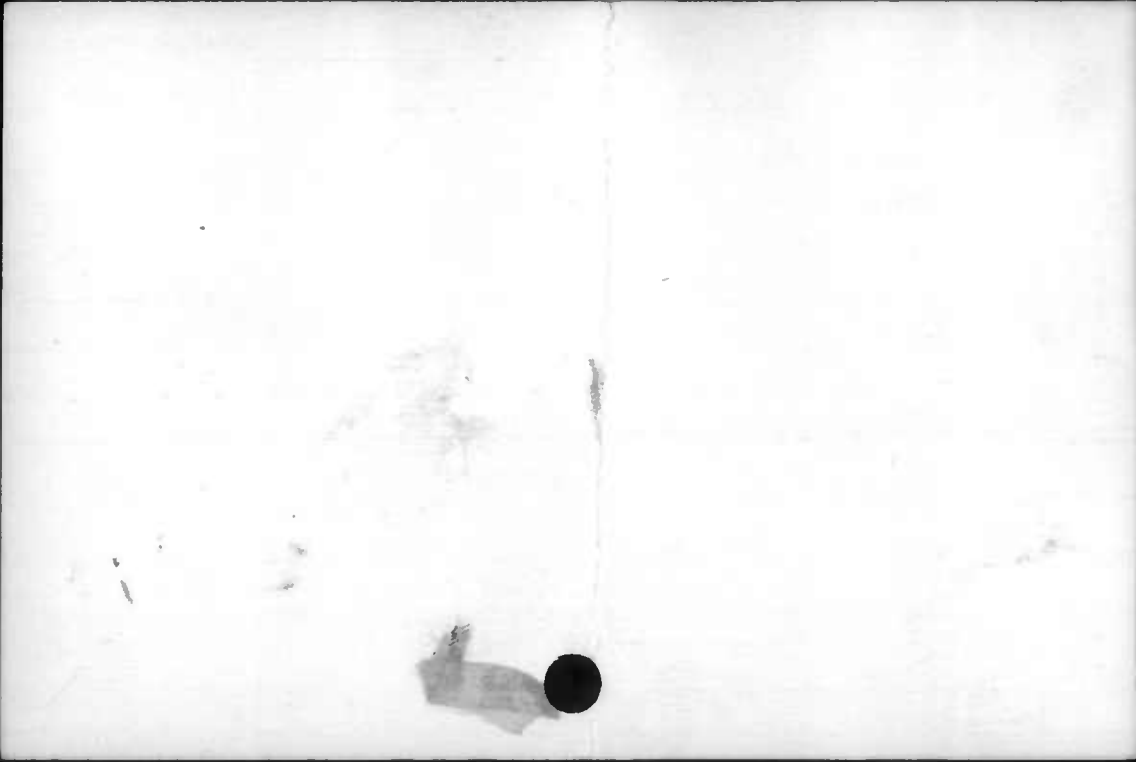
Signature of Physician

*H. C. Lomax*

Address

*Hebron Mo*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

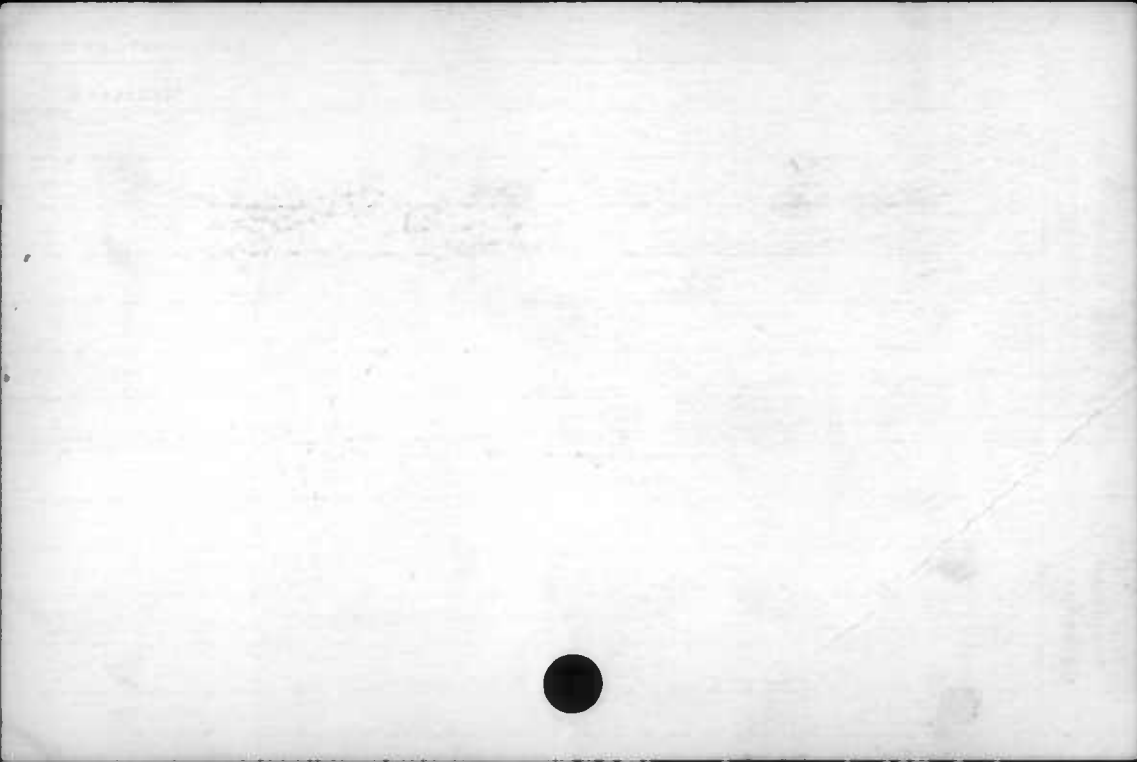
Name in Full <i>Millie Perdue</i>		Town <i>Parsonsbury</i>		County <i>Wisconsin</i>		State <i>MARYLAND</i>	
Died at <i>Parsonsbury</i>		Month <i>Jan</i>		Day <i>29</i>		Years <i>50</i>	
Date of death <i>1909 Jan 29</i>		Age <i>50</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i> Md.</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Geo M Perdue</i>					
Father's Name <i>Theodore Parker</i>		Father's Birthplace <i> Md.</i>					
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i> Md.</i>					
Name of person giving Information <i>Daniel M Perdue</i>		How related to deceased <i>Brother-in-law</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>15 years</i>
Immediate <i>Exhausted Vitality</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Geo. W. Truitt</i>
	Address <i>Parsonsbury</i>
Accident or Suicide <i>Wisconsin Co</i>	<i>Maryland</i>





Name  
in  
Full

William S. Perdue

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Parsonsburg</i> <sup>Town</sup>		<i>Wicomico Co</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>9</i>	Month <i>Jan</i>	Day <i>23</i>	Age <i>64</i>	Months <i>10</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>W. Lite</i>		Birth-place <i>Parsonsburg Md</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Retired Farmer</i>		
Name of Wife or Husband <i>Marica Adkins</i>					
Father's Name <i>Geo. K. Perdue</i>			Father's Birthplace <i>Parsonsburg Md</i>		
Mother's Maiden Name <i>Smith</i>			Mother's Birthplace <i>Spring B. Del</i>		
Name of person giving information <i>Oscar Perdue</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary <i>Chronic Dysentery</i>	How long <i>6 months</i>
Immediate <i>Exhaustion</i>	How long <i>10 or 12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Geo. H. Truitt</i>
<i>Wicomico Co.</i>	Address <i>Parsonsburg Maryland</i>
Accident or Suicide?	



Name  
in  
Full

Edna Remington

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Jan.	14	Age	30		
Sex		Color or Race		Birth-place			
Female		White		Salisbury, Md.			
Occupation				Where Residing If not at place of death			
Housekeeper				Salisbury, Md.			
Married, Single or Widowed		Name of Wife or Husband					
Married		P. M. Remington					
Father's Name				Father's Birthplace			
Edward Humphreys				Wicomico Co. Md.			
Mother's Maiden Name				Mother's Birthplace			
Lena Dryden				" " "			
Name of person giving information				How related to deceased			
Emily Riggin				Aunt			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary		How long	
Tuberculosis		Don't know	
Immediate		How long	
General emaciation & exhaustion		six months	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Louise A. Remington, M.D.	
		Address	
		Salisbury, Md.	
Accident or Suicide			



Name  
in  
Full

Sidney Robinson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Diad at <sup>Town</sup> Salisbury <sup>County</sup> Worcester **MARYLAND**

Date of death 190 <sup>Month</sup> 9 <sup>Day</sup> 18 <sup>Years</sup> Age 5-0 <sup>Months</sup> <sup>Days</sup>

Sex <sup>Male</sup> Color or Race <sup>Black</sup> Birth-place <sup>Md</sup>

Occupation <sup>Laborer</sup> Where Residing if not at place of death

~~Married~~ <sup>Single</sup> <sup>or Widowed</sup> <sup>Married</sup> Name of Wife or Husband <sup>Lucy Robinson</sup>

Father's Name <sup>Nash Robinson</sup> Father's Birthplace <sup>Md</sup>

Mother's Maiden Name <sup>Aunt know</sup> Mother's Birthplace <sup>Md</sup>

Name of person giving Information <sup>Lettie Jones</sup> How related to deceased <sup>Daughter</sup>

## CAUSES OF DEATH

Primary

<sup>Consumption</sup>

How long

<sup>One week</sup>

Immediate

<sup>Hiccough</sup>

How long

<sup>8 days</sup>

Are the name, age, sex, color, date and place correctly given above?

<sup>yes</sup>

Signature of Physician

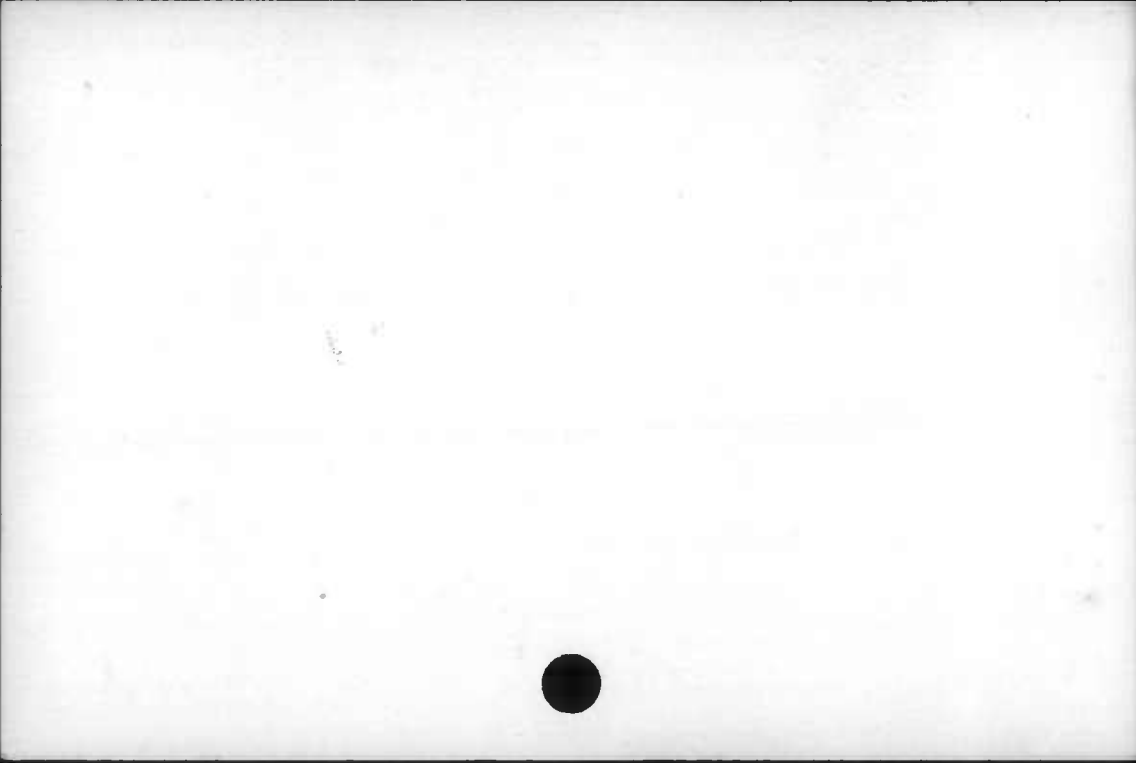
<sup>W B Potter</sup>

Address

<sup>Salisbury Md.</sup>

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Stanley

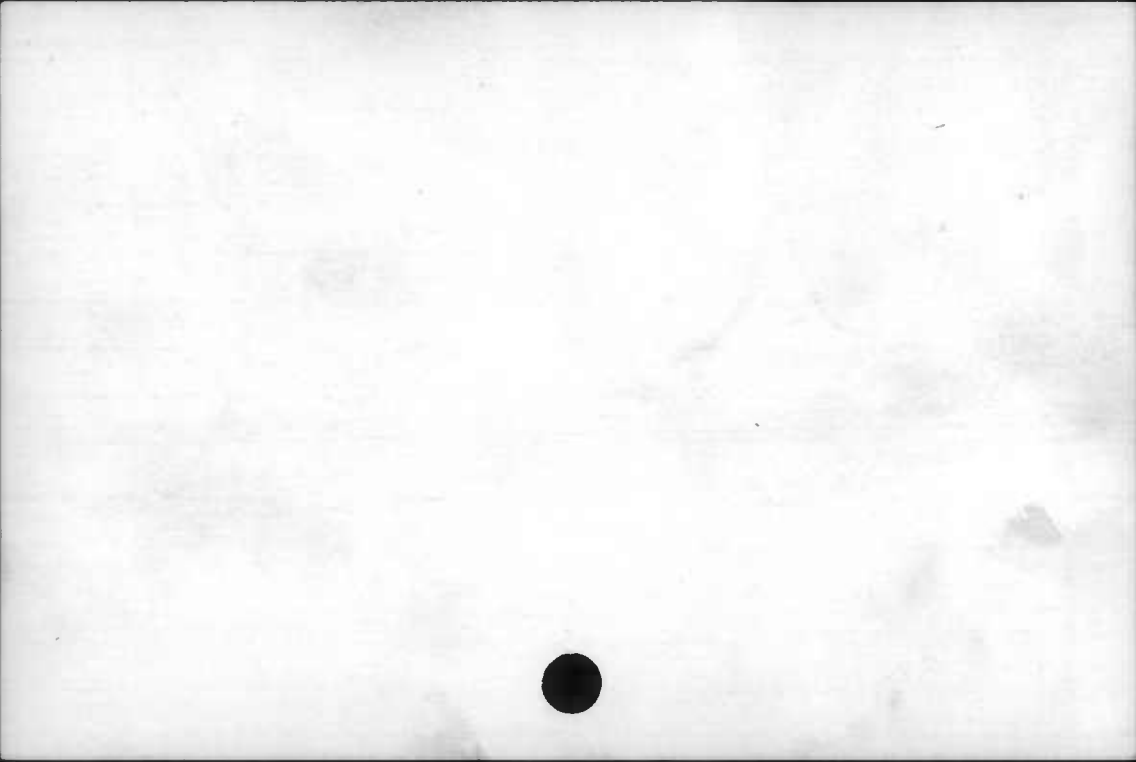
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Sharplown</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1909	Month	Jan	Day	21
Age	17	Year		Month	
Sex	Female	Color or Race	Col	Birthplace	near Sharplown
Occupation	Servant	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Daniel Stanley	Father's Birthplace			
Mother's Maiden Name	Margaret Gosley	Mother's Birthplace			
Name of person giving Information	Harry Smiley	How related to deceased			

PHYSICIAN  
OR CORONER

CAUSES OF DEATH		136	3 days
Primary	Shock following Operation	How long	1 day
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm. N. Cassaway
		Address	Sharplown
Accident or Suicide			





Name  
in  
Full

Emma E Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Salisbury Town Wicomico County

Date of death 190 P Jan Month 27 Day Age 42 Years Months 5 Days 17

Sex Female Color or Race White Birth-place MD

Occupation Housework Where Residing if not at place of death

Married, ~~Single~~ or ~~Widowed~~ Name of Wife Marian E Williams Husband

Father's Name James W Callaway Father's Birthplace Del

Mother's Maiden Name Julia Hastings Mother's Birthplace Del

Name of person giving Information Marian E Williams How related to deceased Husband

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Tubercular Phthisis How long Don't know

Immediate Cancer How long Don't know

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Harry C. Lee Address Salisbury MD

Accident or Suicide Holladay & Co. over

I saw Case few days before  
she died — H. S. Hull

Name  
in  
Full

Emma C. Winbrow

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

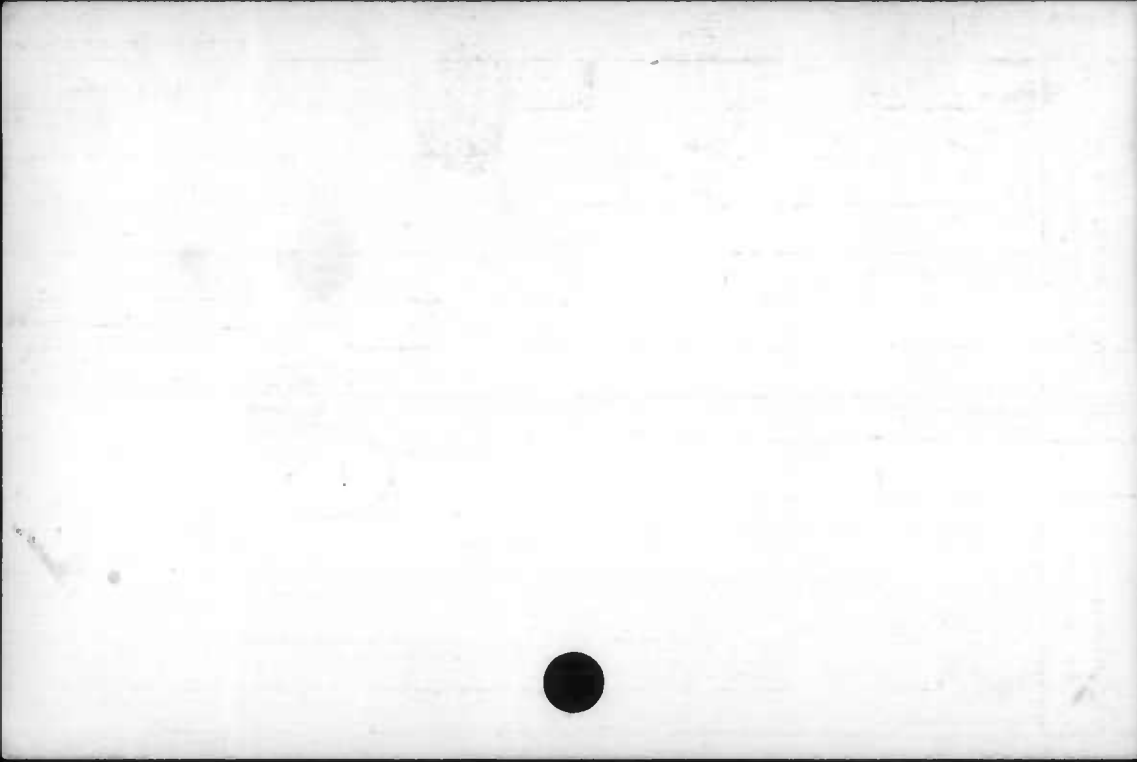
Died at <i>Salisbury P. G. Hospital</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		State <i>MARYLAND</i>	
Date of death <i>1909</i>	Month <i>Jan</i>	Day <i>20</i>	Age <i>24</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Snow Hill</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Pocomoke City Md.</i>						
Married, <del>Single</del> <i>Married</i>	Name of Wife or Husband <i>Wm. C. Winbrow</i>						
Father's Name <i>Geo. H. Rigger</i>	Father's Birthplace <i>Wicomico Co. Md.</i>						
Mother's Maiden Name <i>Emily F. Hayman</i>	Mother's Birthplace <i>" " "</i>						
Name of person giving Information <i>Martha A. Evans</i>	How related to deceased <i>Sister</i>						

## CAUSES OF DEATH

132

PHYSICIAN  
OR CORONER

Primary <i>Pyosalpinx</i>	How long <i>1 week</i>
Immediate <i>General peritonitis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. C. D. R.</i>
<i>far as I know</i>	Address <i>Salisbury Md</i>
Accident or Suicide <i>No</i>	



Name  
in  
Full

Nancy H wooden

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Delmar</u>		Town <u>Delmar</u>		County <u>Delaware</u>		MARYLAND	
Date of death <u>1909</u>		Month <u>Jan</u>		Day <u>23</u>		Age <u>58</u>	
Sex <u>female</u>		Color or Race <u>White</u>		Birthplace <u>Delaware</u>		Months <u>9</u>	
Occupation <u>Housekeeper</u>		Where Residing if not at place of death <u>Near Delmar</u>		Days <u>12</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>John H wooden</u>		Father's Name <u>John Frotkey</u>		Father's Birthplace <u>Don't know</u>	
Mother's Maiden Name <u>Celia Frotkey</u>		Mother's Birthplace <u>Don't know</u>		How related to deceased <u>Husband</u>			
Name of person giving Information <u>John Wooden</u>							

CAUSES OF DEATH

Primary <u>"Lethipia"</u>	How long <u>3 weeks</u>
Immediate <u>Paralysis</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Robert Ellagood M.D.</u>
	Address <u>Delmar Del</u>
Accident or Suicide	

PHYSICIAN  
OR CORONER

